The greatest casualty is being forgotten.

WARRIOR RUN 5K
Proud Supporter of
WOUNDED WARRIOR PROJECT®
Presented By: FOOTBALL Fanatics

Saturday, September 11, 2010

5K • 7:30 AM
1 Mile Fun Run • 8:15 AM

Cortez Park - Ortega
Cherokee Avenue

Benefiting Wounded Warrior Project with proceeds going directly to the WWP Packs program.
Find more info at https://www.woundedwarriorproject.org

ENTRY FEES

Through August 31st	$20.00
Sept. 1st – Sept. 10th	$25.00
Day of Race	$30.00

» All Military $18.00 at all times!
» The 1 Mile Fun Run is $12.00 at all times!
» Sorry, there are **no refunds!**
» Make checks out to 1st Place Sports Running Club and mail with entry form to: 3931 Baymeadows Rd, Jacksonville, FL 32217
» If you would like to make a donation, please make checks payable to the Wounded Warrior Project
» Register Online at **www.1stplacesports.com**
**Online registration closes September 7th!

RACE TIMING

The race will be timed using the ChampionChip (chip must be worn on your shoe during the race). Your entry fee covers the cost of the chip rental. If you have your own chip, you need to enter your chip number on the entry form, and deduct $2.00 from the entry fee. You can pick up your timing chip the morning of the race. You must cross the timing mats to be included in the results. **Do not wear your personal chip if you sign up on race day!**

PACKET PICKUP

Be sure and check the box on the entry form where you plan to pick up your packet. Packets will be available at 1st Place Sports locations on **Friday, Septmeber 10th** from 10:00 AM–6:00 PM. All packets that are not picked up at the above location will be moved to the Race Site for race day pick up.

WARRIOR RUN 5K September 11, 2010
Official Entry Form

Please indicate where you plan to pickup your race packet: ☐ Baymeadows ☐ Jax Beach ☐ Orange Park ☐ San Marco ☐ Day of Race

Official Use Only

First Name _____ Last Name _____ ChampionChip Number _____

Age on Race Day _____ Sex: M F T-Shirt Size: YL S M L X Email Address _____

Street Address _____ Apt. # _____ ☐ 5K ☐ 1M

City _____ State _____ Zipcode _____

Chip Owner Discount -$2.00

Donation $ _____

Telephone Number _____

Make Checks Payable to: 1st Place Sports Running Club
Mail to: 3931 Baymeadows Road, Jacksonville, FL 32217

Method of Payment: ☐ Cash ☐ Check ☐ Credit

$ _____ Amount Paid with Entry

I know that running a road race is a potentially hazardous activity which could cause injury or death. I should not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to : falls, contact with other participants, the effects of the weather, including high heat and /or humidity, traffic and the conditions of the road. I also understand that in the event that this race has to be cancelled for any reason beyond the control of race management that my entry fee will not be refunded. All such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the race. I also understand that I must return my ChampionChip transponder or I will be billed $30.00 as replacement cost. I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I , for myself and anyone entitled to act on my behalf, waive and release the Organizers of this event and all sponsors, including DRA CRT Baymeadows Center, LLC, Colonial Properties Trust, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Please sign here. (Parent must sign if participant is under 18 years of age) _____ Date Signed